



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/037,311	
Filing Dat	November 9, 2001	-
First Nam d Invent r	Raikhel	
Group Art Unit	1638	
Examiner Name		
Attorney Docket Number	MS00-001C2	

То:	: Assistant Co Washington	ommissioner for Patents , DC 20231		-					
I hereby apply to withdraw as attorney or agent for the above identified application.									
The reasons for this request are: The assignee, Michigan State University, has decided to pursue prosecution of the above referenced application.									
1. The correspondence address is NOT affected by this withdrawal.									
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Firm <i>or</i> Individua	al Name	Michigan State University							
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Telephone		(517) 355-2186	Fax						
 ☑ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☑ the attorneys/agents associated with Customer Number 23500 This request is enclosed in triplicate (including any attachments). 									
Name	Laleh Shayesteh, Reg. No. 47,937								
Signature	ature ///								
Date	August 8, 2002	<u>;</u>							
NOTE: Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.